



Director: Scott Morgan

▲ Parks
 1319 Waterloo Lane
 Gardnerville, NV 89410
 (775) 782-9835
 FAX (775) 782-5799

▲ Recreation/Douglas County
Community & Senior Services
 1329 Waterloo Lane
 Gardnerville, NV 89410
 (775) 782-5500 ext. 1
 FAX (775) 782-9844

▲ Lake Tahoe
Kahle Community Center
 236 Kingsbury Grade
 Stateline, NV 89449
 (775) 586-7271
 FAX (775) 586-7273

Mail: PO Box 218, Minden, NV 89423

Kahle Community Center Facility Application and Use Permit

 Name of Group/Organization Phone Number

 Mailing Address of Group/Organization City, State Zip Code

 Name of Responsible Person/Applicant Phone Number Email

 Mailing Address City, State Zip Code

 Facility(ies)/Room(s) Requested Number of Participants

 Requested Date(s) Requested Time (to and from) Total Hours

 Type/Name of Activity

 Description of Activity

 What (if any) KCC tables and chairs are needed. Please describe the quantity and shape (round or rectangle)

 What (if any) equipment or vehicles will be brought into the facility?

 Nature and duration of amplified sound (if any):

Do you request the privilege of alcohol consumption? (circle one) YES NO

If yes, will alcohol be sold? (circle one) YES NO

Please read the following information carefully.

All groups/organizations will be expected to comply with all Kahle Community Center Rules and Regulations when using (DCCSC) County facilities. Title 13 of the Douglas County Code and the Programs and Facilities Manual outlines these rules and regulations. A copy may be obtained from the Community Center administration.

- All reservations for use will require **FULL PAYMENT** of the Application Fee (\$5.00), the Reservation Fee and the complete (cleaning/security) Deposit, including any additional fees for staffing, security or alcohol use, **a minimum of 10 (ten) days prior to use.**
- The user of the facility covered by this permit must have the approved application in possession during the time of use.
- Users will be provided any requested tables and chairs.
- Douglas County, its employees and representatives shall be held harmless for damage or loss of applicant's or group's property and/or equipment and for any personal loss or injury incurred by the applicant or by the group's personnel, employees or participants. Applicant groups shall be obligated to reimburse Douglas County for all expenses incurred by the county in the event of legal action taken against your organization or group.
- Depending on the event, the Department may require that security services be provided as a condition of application approval, under the following circumstances: 1.) if an event makes a major impact on the facility, 2.) when alcohol is being served or sold, 3.) when additional precautions are deemed necessary due to the nature of the event.
- When security is required, security will be arranged by the Department. The applicant is responsible for ALL fees for the security services.
- Upon Check-Out the Recreation Supervisor or his/her representative may determine if the deposit refund needs to be adjusted based on the excessive cleaning needs, damage to facility and/or equipment, staying past scheduled Check-Out time, etc.
- Violation of any established rules or regulations regarding facility usage are contract infractions and are subject to immediate termination of the application by the Recreation Supervisor and her/his representative.

AGREEMENT

I, _____ of the _____
Name of Applicant Name of the Group/Organization

am familiar with the rules and regulations, including the above listed, regarding use by the public of Kahle Community Center facility and agree on behalf of the group/organization to abide by all provisions thereof. I, furthermore agree to be responsible and liable on behalf of the group/organization, for any damages, including excessive cleaning being required, as a result of our use.

Signature _____ Date _____

THIS APPLICATION GRANTS NO PRIVILEGES UNTIL VALIDATED AND RETURNED TO YOU.
THIS SCHEDULE, IF APPROVED, IS FIRM AND CANNOT BE CHANGED WITHOUT DEPARTMENT APPROVAL IN ADVANCE.

----- Staff Use Only -----

Date KCC Received: _____ Received By: _____

Approved By: _____ Date Approved: _____

Disapproved By: _____ Date Disapproved: _____

Total Fees: _____ Due By: _____

Deposit: _____ Paid Date: _____

Refund Amount: _____ Refund Issued Date: _____

Additional Remarks: _____